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## ANNUAL GRADUATE FORTNIGHT

### PUERPERAL MORTALITY AND ITS REDUCTION\*

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A world-wide interest has been developed in recent years in the mortality due to childbearing. The acceptance of a certain number of maternal deaths as unavoidable risks which are associated with pregnancy and labor has been universal for so many years that it was difficult until a comparatively short time ago to develop any interest in the subject among the laity, or even in medical circles. This point of view has undergone a change and the public has asked and the profession has been asked very bluntly why this should be so, and more particularly we are asked whether anything can be done to prevent this high death rate. For experience has shown that it is definitely possible that a certain proportion of deaths from childbirth can be prevented. In fact, this development in our knowledge has gone so far that we can actually separate the causes of puerperal deaths into those which are preventable and those which are unavoidable.

In the latter group would come certain unfortunate complications of pregnancy characterized by hemorrhage and similar factors, and in that former larger group we may place toxemia and infection. It is to the infections asso-

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\*Introductory remarks to a symposium on Puerperal Infections, October 27, 1930. Program arranged under the auspices of the Medical Society of the County of New York.

ciated with childbearing that we give special attention in this program and well may this subject be included in the general topic to which the Graduate Fortnight is devoted. Its importance from a medical as well as a social and economic point of view is stupendous. Puerperal sepsis, that particular complication of pregnancy to be discussed this evening takes a toll of over one-third of the mothers who have sacrificed their lives to childbearing.

It would seem that sepsis could be prevented in obstetric practice as it is elsewhere in medicine. As a matter of fact it has to a large degree, but as we are still ignorant of all the modes by which it develops, the millenium is not at hand in so far as its complete abolition is concerned. But we must continue our efforts to attack the problem, even if this requires a revision of the means by which we have thus far studied it. It appears to me that the methods of prevention generally employed are too much limited to local conditions and not sufficiently extended to the patient and her organism as a whole. We have directed our attention largely to the maintenance of an aseptic labor, realizing fully, however, that even where this is properly conducted, there are numerous avenues of infection which cannot be completely controlled. In this we have side-tracked as it were the maintenance of the natural resisting powers of the patient and it might be well, although this seems far-reaching, to regard with careful thought the lessons of immunization which have been taught by the pediatricist, the internist and others. This is a field which has been largely neglected, for we have been so busy with our local efforts of preventing the introduction of organisms into the body that we have forgotten how great a factor the natural immunity of the woman is under such circumstances. Were it not for this immunity a much larger number of women would succumb. For we are gradually finding out that the pregnant woman develops a protective organism in her pelvis and in her blood-stream, the maintenance of which we must aim to develop and to make use of in our fight against puerperal sepsis. This, I believe, to be one of the leading factors in future efforts to reduce septic

infection as the result of childbearing. In the meanwhile it is important that we persist in our use of the knowledge already at hand and that every effort be made to avoid the introduction into the generative tract of any pyogenic organisms which may later possibly invade the tissues themselves. As a matter of practice this should be the principal aim because here we are treading on more or less known ground, for it has been amply proven that a delivery conducted under natural and cleanly circumstances is less apt to spell disaster from the standpoint of infection than one which is carelessly or ignorantly carried out. A tendency to interfere with the natural course of labor by various operative and other procedures is undoubtedly one of the most serious accusations which the profession will have to face. It will be difficult to curb this tendency, for on the one hand there is the demand by the patient for a shortening of her labor, stimulated as it has been by widely circulated magazine articles and other propaganda, to which desire for relief the physician is only too ready to accede, perhaps for reasons of his own. And then on the other hand is that increase in technical knowledge about obstetric deliveries which is so valuable in the hands of the highly trained specialist and so dangerous if practised by his less competent colleague. And how may the unfortunate result of these circumstances be combatted? I believe very firmly that it is only by the proper education of our medical students, by giving them a well balanced general education in medicine, rather than a smattering of the various specialties, that they will possess a thorough knowledge of the physiologic processes of labor, and above all, a recognition of any deviations from the normal.

The high death rate associated with childbirth in the United States has been made the subject of very extensive comment, much of it of a most uncomplimentary nature. The comparisons drawn between this and foreign countries are most unpleasant and the United States has been almost labelled as a pariah among the nations of the world in so far as its care of the pregnant woman is concerned. This agitation for improvement has undoubtedly resulted in

some good, although the attempt to introduce federal and other legislation as a solution of the problem has not met with success, as was to be expected. I cannot refrain, however, from calling attention to the fact that in the European countries with which our statistics have been compared there is also an admitted lack of satisfaction with conditions as they are. This has become increasingly evident in recent years and notwithstanding the insurance schemes, supervised midwife practice and other factors, dissatisfaction seems to be rife. The objections, among other things, have been directed to the education of medical men in so far as over-crowding the student courses with theoretical rather than practical subjects. In obstetrics particularly the objection has been brought forward that the attempt is made to train students in operative procedures rather than the conduct of normal deliveries. In fact the objection to interference with the normal processes of labor is brought out just as strenuously in obstetric circles abroad as it is in this country. Moreover the acceptance of the health insurance system has contributed to the problem, for many obstetric operations are now being done which would have been considered unnecessary had there not been present the stimulus of an increased fee from the insurance fund, which would not have applied in a normal delivery.

Admitting the fact that childbearing in the United States is not as safe as it ought to be, what is the remedy, particularly as to those causes which may be included in the preventable group of which sepsis is most important? The question is not an easy one to answer. There is more than one factor to be solved. The natural history of puerperal infection is well understood in its larger aspects but much remains to be done. We do know, however, the danger of interfering with the natural processes of labor and of not giving sufficient time for their accomplishment. This may mean an entire revision of our conception of obstetric practice, in which the introduction of a supervised midwife system may possibly have to be considered, much as this may offend, in addition to a radical change in teach-

ing medical students and physicians. And this reform must be extended to the mass of the profession and much may be accomplished, I believe, by such measures as The New York Academy of Medicine has developed in this Graduate Fortnight.

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